

Indiana State Department of Health

| | | | | | |
|--|--|--|--|--------------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012309 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 05/30/2012 |
| NAME OF PROVIDER OR SUPPLIER CROWNPOINTE OF CARMEL | | | STREET ADDRESS, CITY, STATE, ZIP CODE 11610 TECHNOLOGY DR CARMEL, IN 46032 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE | |
| R 000 | <p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00108556.</p> <p>Complaint IN00108556 - Unsubstantiated due to lack of evidence.</p> <p>Survey date: May 30, 2012</p> <p>Facility number: 012309 Provider number: 012309 AIM number: N/A</p> <p>Survey team: Diana Zgonc RN, TC Connie Landman RN Christi Davidson RN Lori Brettnacher RN</p> <p>Census bed type: Residential: 27 Total: 27</p> <p>Census payor type: Other: 27 Total: 27</p> <p>Sample: 3</p> <p>Crownpointe of Carmel was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00108556.</p> <p>Quality review completed 5/31/12 by Jennie Bartelt, RN.</p> | R 000 | | | |

Indiana State Department of Health

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

VKT011

If continuation sheet 1 of 1